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From unplanned pregnancy to contraception: contributions to the debate

Da gravidez imprevista à contracepção: aportes para um debate

Del embarazo no planificado a la anticoncepción: aportes al debate

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Results of the Born in Brazil study (*Pesquisa Nascer no Brasil*; CSP 2014; v. 30 sup. 1) recently published in the Brazilian press [1,2] emphasize the need for wider social debate on contraception and unplanned pregnancy. The survey, conducted in 2011-2012, emphasizes the high unplanned pregnancy rate in the country, reaching 55.4% of the women interviewed. The data further show that 25.5% of Brazilian women preferred to postpone having a child and that 29.9% simply never wanted to become pregnant, either at present or in the future. The results corroborate those of previously published studies [3].

The issue cuts across several other serious publish health problems and calls for urgent theoretical and political analysis. For example, teenage pregnancy is approached from different theoretical and methodological perspectives that do not always elucidate the cultural factors that condition it. The Zika virus epidemic has raised new and urgent challenges for reproductive planning and for guaranteeing the right to abortion for pregnant women infected with the virus. Attention is also needed to the sequelae, complications, duress, and suffering caused by the experience of illegal abortion in the country, as proven by various studies [4,5,6,7,8,9] and the recently published results of the *Brazilian National Survey on Abortion* in 2016 [10]. In fact, these three events – teenage pregnancy, pregnancy in the context of the Zika virus epidemic, and widespread illegal abortion in Brazil – lead us to reflect along two lines: the unswerving defense of abortion as a reproductive right of women at any age and in any social circumstances, addressed in recent articles on the issue motivated by the Zika virus epidemic [11,12,13], and a critical analysis of the many difficulties involved in women's learning and practicing contraception. Here, we choose this second line of reasoning, which we feel has received less attention in Brazil, shifting our focus to the moment prior to pregnancy in order to identify possible reasons for so many unplanned pregnancies in the country.

Contraception is usually approached in public health from the perspective of knowledge and use of contraceptive methods and access to them, that is, as a technical and individual rather than cultural issue. One even hears surprised and skeptical comments on the fact that Brazil still has such a high unplanned pregnancy rate when the country now has a "wide supply" of modern contraceptive methods. What explains this apparent paradox? To argue about the types of methods and their availability and distribution, to recommend or even prescribe them, does not mean that they are becoming part of many women's daily routine.

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Contraceptive management is a multilevel process and involves a series of complex decisions and logics interwoven into various life domains, requiring an analysis on the practices and social representations of contraception, motherhood, conjugality, family, and links to sexuality, without overlooking crucial material aspects such as contraception supply (availability of contraceptive services and methods) [14,15,16,17].

Learning how to manage contraception over the course of women's sexual and reproductive lives requires a dialogue on sexuality and social gender relations, that is, skills without which one cannot identify and deal with the difficulties in managing the methods according to their specificities. There is no ideal method to avoid having children, but it is necessary to interact with adolescent and adult women to learn about their sexual experiences, their positions in gender hierarchies that structure their affective-sexual relationships, and the circumstances involved in such sexual partnerships – occasional, fortuitous, between-friends, with a more frequent companion or spouse, whether single or in a stable relationship, and the current moment of their sexual and reproductive trajectory. In short, it is necessary to know their life projects, wishes, and ambitions in the face of moments of vulnerability under the structural conditions in which they live in order to understand their limitations and difficulties and especially the place of motherhood and reproduction in their lives and in their closest circles of sociability.

To say that exercising contraception is a cultural act means that it is permeated by values, beliefs, emotions, uncertainties, and doubts. We first need to acquire self-control, to manage our emotions, to exercise the art of dialogue and negotiation with the respective sexual partners (which is not always possible) and with the parents or guardians in the case of adolescents (which is not always easy, given the numerous forms of resistance adults display in accepting their daughters' sexual activity in this phase of life). This means acquiring a certain personal autonomy according to the diversity of our life histories.

Imagine the mismatch between all the needs involved in learning and gaining a command over contraception (always prone to failures and last-minute setbacks) and what is offered by health services and most health professionals, who attest the user population's "ignorance" and "misinformation". Without professional and ethical support from the health teams that provide care, follow-up, and evaluation of the users' health conditions and the links to access contraceptive methods, it will prove impossible to overcome such barriers.

These same issues have been analyzed by studies in many countries such as the United States [14,18] and France [16] that also show high levels of both contraceptive use and unplanned pregnancy, thus underscoring the issue's complexity among women of diverse social classes and educational levels. Discussions on the methods' efficacy sometimes reappear, organizing them hierarchically according to their failure rates and highlighting the difference between theoretical efficacy (a probabilistic measure, estimated under artificial conditions) and practical efficacy (referring to personal experience with each method). These elements fuel the debates on contraceptive "failure" and contraceptive discontinuities [19] and the growing discussion on long-acting reversible contraception (LARC), or methods that dispense the user's direct and continuous action for a certain period of time. And little or almost nothing is promoted in terms of male contraception (not coincidentally, we believe).

To approach issues pertaining to experiences of sexuality and gender, which circumscribe women's sexual and reproductive trajectories, also requires considering the moral repercussions sparked by the publicity of our intimate experiences. Gender prejudices and discrimination (whether physically violent or not) combine with the moral rules that prescribe men's and women's social behavior according to a rigid hierarchy in men's favor. The manifestations of exulting male sexual performance and virility as a central attribute of heterosexual masculinity nearly always imply women's greater responsibility in contraception. When such rationale proves unsuccessful, the woman is punished socially for an unplanned pregnancy, whether by facing the gestation and motherhood (without wanting it at that moment), an unsafe abortion, or social judgment by those who fail to comprehend the inherent difficulties in controlling one's life (i.e., the woman with an unplanned pregnancy is seen as careless, reckless, or "shameless"). Except in cases of sexual assault, women that seek emergency contraception through public health services or in pharmacies are blamed for the situation [20,21], for having engaged in unprotected sexual relations.

Whether contraception involves barrier methods (male or female condoms, diaphragm), hormonal methods (pills), or long-acting methods (injection, sub-dermal implant, IUD), one must keep in mind the different possibilities for choice and the link to health professionals that are sensitive to the issue so that health services to collaborate in a joint evaluation to choose the individual woman's best method for that particular life moment or situation. At a wider level, public policies need to guarantee access to an expanded mix of contraceptive methods and to promote solutions for moments in which "failures" occur, by encouraging emergency contraception and access to abortion. Without such initiatives, it is impossible to ensure respect for sexual and reproductive rights in Brazil.

Contributors

Both authors contributed equally in all stages of the preparation of the manuscript.

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